



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: ST. VINCENT WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

Year Begin: 07/01/2008 (mm/dd/yyyy format)

Year End: 06/30/2009 (mm/dd/yyyy format)

Medicare Provider Number: 1518913565

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9593821
Outpatient Patient Service Revenue	\$43595101
Total Gross Patient Service Revenue	\$53188922

#### 2. Deductions From Revenue

Contractual Allowance	\$27477827
Other Deductions	\$3230788
Total Deductions	\$30708615

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$19491494
Other Operating Revenue	\$455948
Total Operating Revenue	\$19947442

#### 4. Operating Expenses

Salaries and Wages	\$9388330	Employee Benefits	\$2393593
Depreciation and Amortization	\$366203	Interest Expense	\$148310
Bad Debt	\$2988813	Other Expenses	\$4915200
Total Operating Expenses	\$20200449		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2735808	Total Assets	\$26575153
Net Non-operating Gains over Loss	\$160263	Total Liabilities	\$8452508
Total Net Gains	\$2896071		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$22451640	\$15900073	\$6551567
Medicaid	\$5252992	\$5623334	\$-370342
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25484290	\$9185208	\$16299082
Total	\$53188922	\$30708615	\$22480307

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1397	\$-1397

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	115
Number of Hospital Patients Educated	867
Number of Citizens Exposed to Health Education Messages	230

### Statement Six: Charity Statement

Hospital Charity Charges	\$1577083
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$1032852	\$1010022	
Subtotal	\$1032852	\$1010022	\$22830
DSH Payments	\$0		
Subtotal	\$1032852	\$1010022	\$22830
Medicare Shortfalls	\$-70994	\$8800588	
Other Government Programs	\$0	\$0	
Total	\$961858	\$9810610	\$-8848752

### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0